

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # P06000024514	
1. Entity Name Nathalie's Beauty Shops, Inc.	

FILED
07 APR -5 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business 2432 N State Road 7 Suite, Apt. #, etc.	3. Mailing Address 3146 NW 68th Street Suite, Apt. #, etc.
City & State Lauderdale Lakes, Florida	City & State Fort Lauderdale, Florida
Zip 33313	Country USA
Zip 33309	Country USA

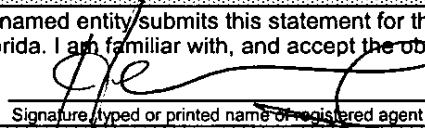
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4. FEI Number 20-8683869	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent	
Name Nathalie Maurepas	
Street Address (P.O. Box Number is Not Acceptable) 4253 NW 55th Place	
City Coconut Creek	Zip Code 33073

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Nathalie Maurepas** **3/22/2007**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

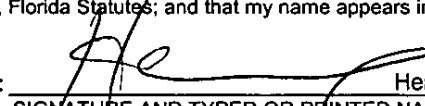
TITLE Chair, Board of Director	NAME Henry Maurepas
STREET ADDRESS 4253 NW 55th Place	CITY-ST-ZIP Coconut Creek, Florida 33073
TITLE President/CEO/Director	NAME Nathalie Maurepas
STREET ADDRESS 4253 NW 55th Place	CITY-ST-ZIP Coconut Creek, Florida 33073
TITLE Executive Vice President/Director	NAME Maliene Dacius
STREET ADDRESS 4253 NW 55th Place	CITY-ST-ZIP Coconut Creek, Florida 33073
TITLE Board Advisor/Ex-officio member	NAME Clifton H. Rodriguez, MPA, CPA, CIA
STREET ADDRESS 3146 NW 68th Street	CITY-ST-ZIP Fort Lauderdale, Florida 33309-1206
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Henry Maurepas, Chairperson** **3/22/2007** **(754)224-9513**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**